

Describing Health Disparities

Joint Conference on Health
Wenatchee, WA
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Purpose

- Describe pilot project for supplemental data collection from BRFSS
- Identify significant changes in prevalence of health behaviors among race/ethnic subgroups found during the pilot
- Describe recommendations for future oversampling of race/ethnic minority groups as part of BRFSS

“Usual Practice”

	BRFSS	Census 2000
White, non-Hispanic	87.0%	78.9%
Hispanic	4.6%	7.5%
African American	2.0%	3.2%
Native American	1.6%	1.6%
Asian/Pacific Islander	3.5%	5.9%
Total Number	~4,000	4,380,278

The Problem with that...

- Very small numbers of race/ethnic minority respondents prevent robust descriptive analysis of health disparities
- Smaller than expected proportions of race/ethnic groups may indicate a bias that misrepresents the population

Barriers to Surveillance

- Economic barriers (phones, domestic stability)
 - If more likely to be low income or transient, less likely to be selected for survey
- Language barriers
 - .7% of BRFSS calls in early 2002 were incomplete due to respondent not speaking English
- Cultural barriers
 - Some communities may find telephone surveys unacceptable

Pilot Study Description

- Oversampled 600 African American and Hispanic people (each) in Washington
- Conducted by Gilmore Research
- Geographically targeted
- Used BRFSS 2002 state survey

Survey Comparison

■ BRFSS

- Ongoing throughout year
- English only
- RDD with random selection of adults within household
- Weighted by age/gender to match state population distribution

■ Oversample

- March-June 2002
- Spanish & English
- Geographically targeted with non-target groups screened out
- Weighted by age/gender to state distribution of *minority group*

Demographic Comparison

unweighted estimates

	BRFSS 2000-01	African Amer. 2000-01	African Amer. 2002 Oversample	Hispanic 2000-01	Hispanic 2002 Oversample
Gender					
Male	41.7%	46.0%	41.1%	45.9%	43.3%
Female	58.3%	54.0%	58.9%	54.1%	56.7%
Age					
18-24	9.2%	12.8%	7.2%	21.5%	16.3%
25-34	19.1%	32.0%	13.3%	29.0%	32.2%
35-44	22.6%	25.0%	16.7%	23.7%	25.0%
45-54	20.4%	15.7%	17.2%	14.2%	14.8%
55-64	12.0%	6.4%	17.2%	5.7%	5.2%
65+	16.6%	8.1%	28.4%	6.0%	6.4% ⁸

Demographic summary

mean ages – unweighted samples

- BRFSS 2000-01
 - Hispanic = 36.6
 - Black = 39.1
 - Overall = 45.9

- 2002 oversample
 - Hispanic = 37.8
 - Black = 51.9

Demographics of Respondents

- The African American oversample group is a little older than expected/normally observed
- The Hispanic oversample group appears similar to the expected/usual distribution by age/gender – younger than the state population as a whole

Demographic Comparison

weighted estimates

	BRFSS 2000-01	African Amer. 2000-01	African Amer. 2002 Oversample	Hispanic 2000-01	Hispanic 2002 Oversample
Less than HS education	7.2%	8.4%	7.1%	21.1%	58.4%
HS grad/GED	25.9%	23.1%	28.5%	31.1%	23.0%
Post-HS education	66.9%	68.5%	64.3%	47.9%	18.7%

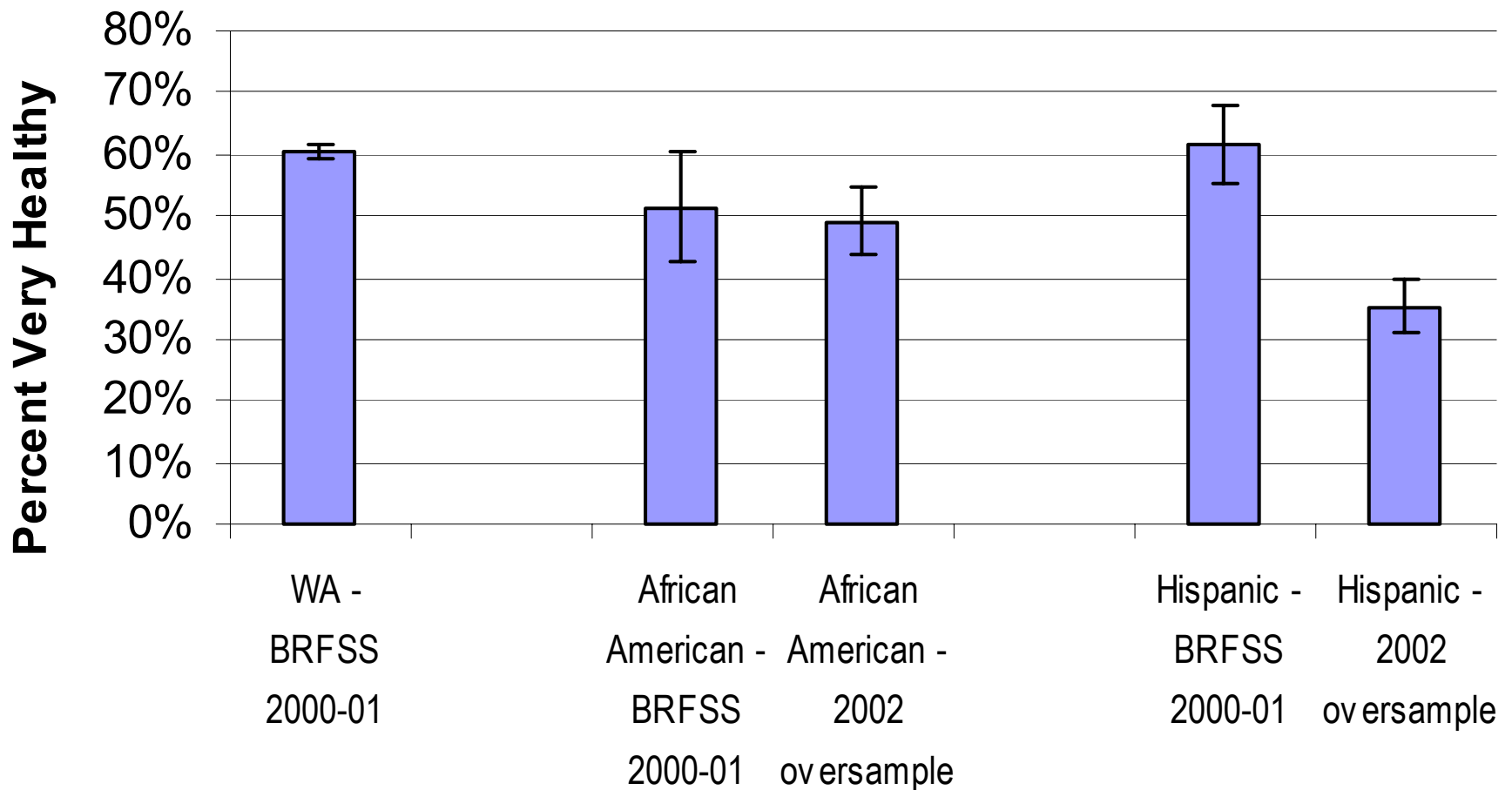
Education Comparisons

- African Americans have a similar education distribution to the state overall, both those included in BRFSS and those included in the oversample
- Hispanics in the BRFSS are less well-educated than the state average, and this difference is even more pronounced among those in the oversample

Comparison of Findings

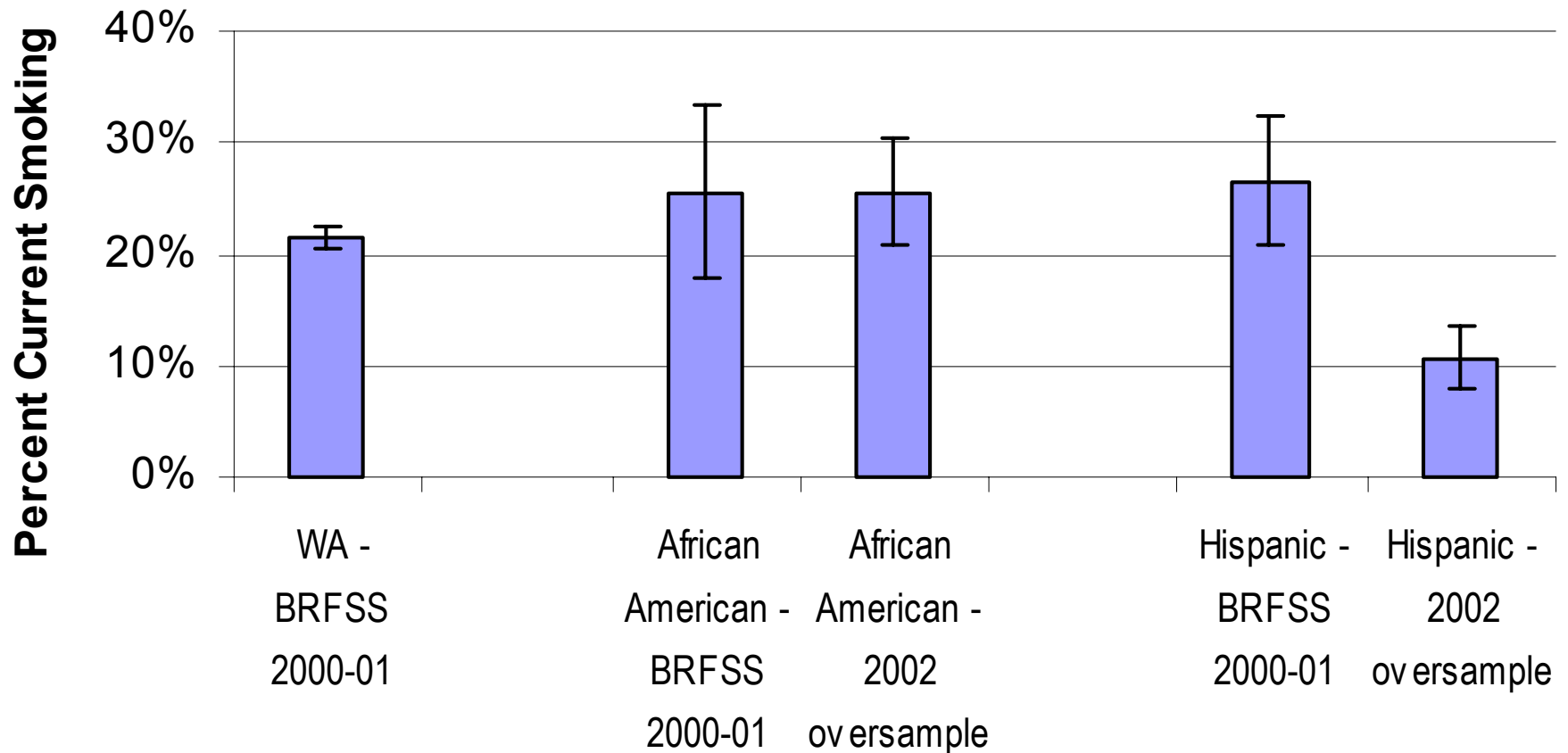
General Health

Reporting general health as “excellent” or “very good”



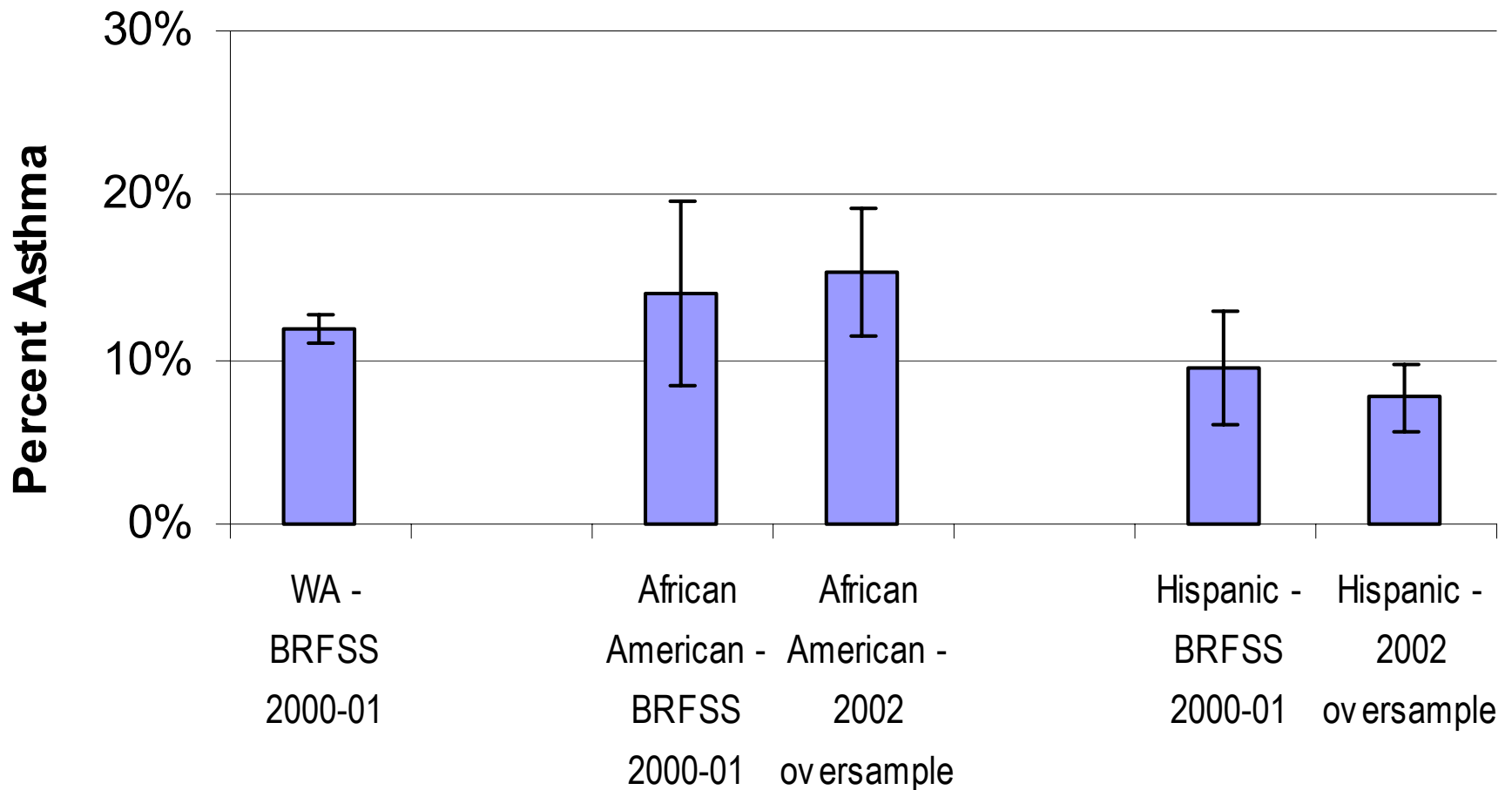
Tobacco Use

Current cigarette smoker



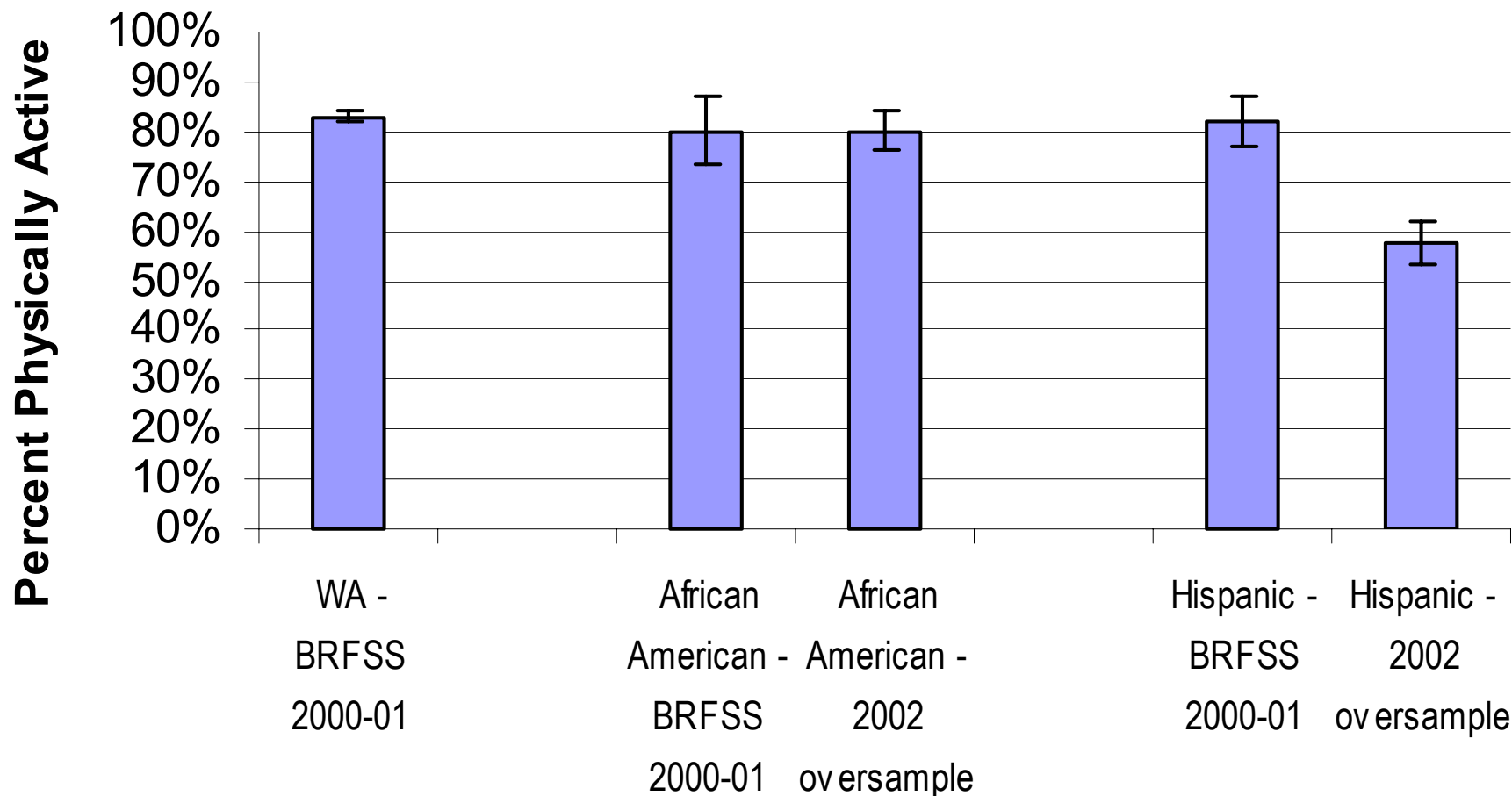
Asthma

Ever been diagnosed with asthma



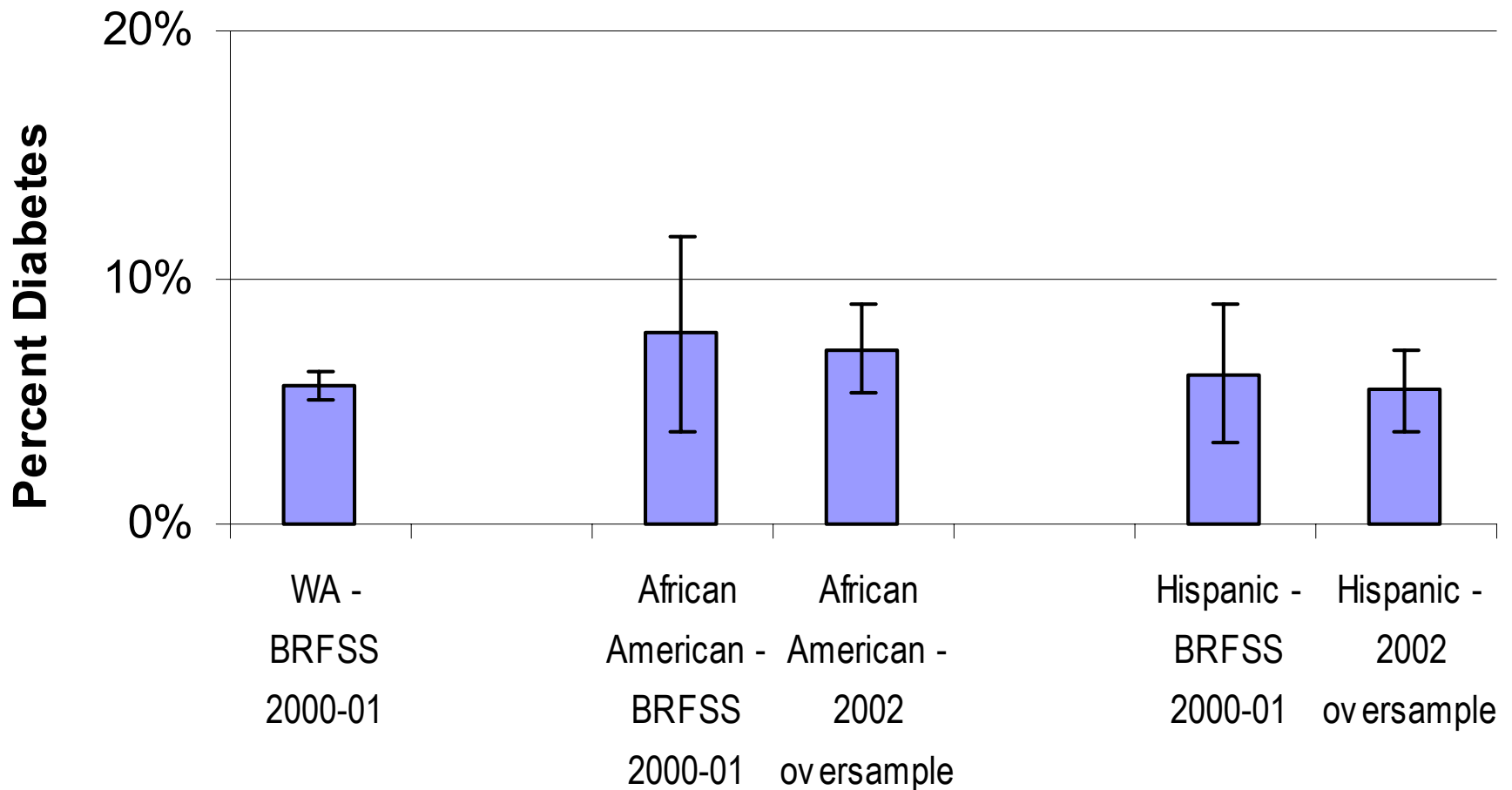
Physical Activity

Any exercise during the past month



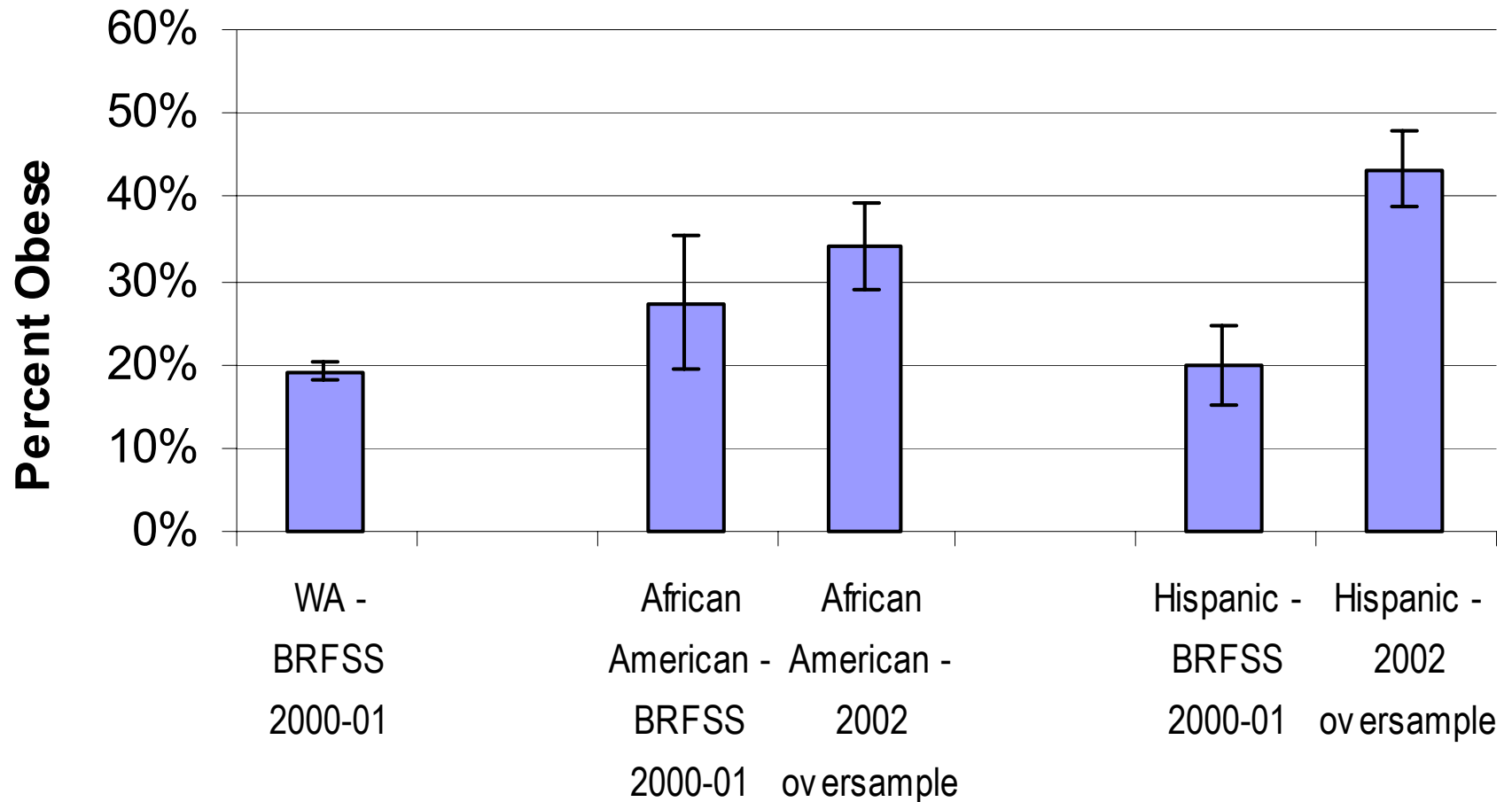
Diabetes

Ever diagnosed with diabetes



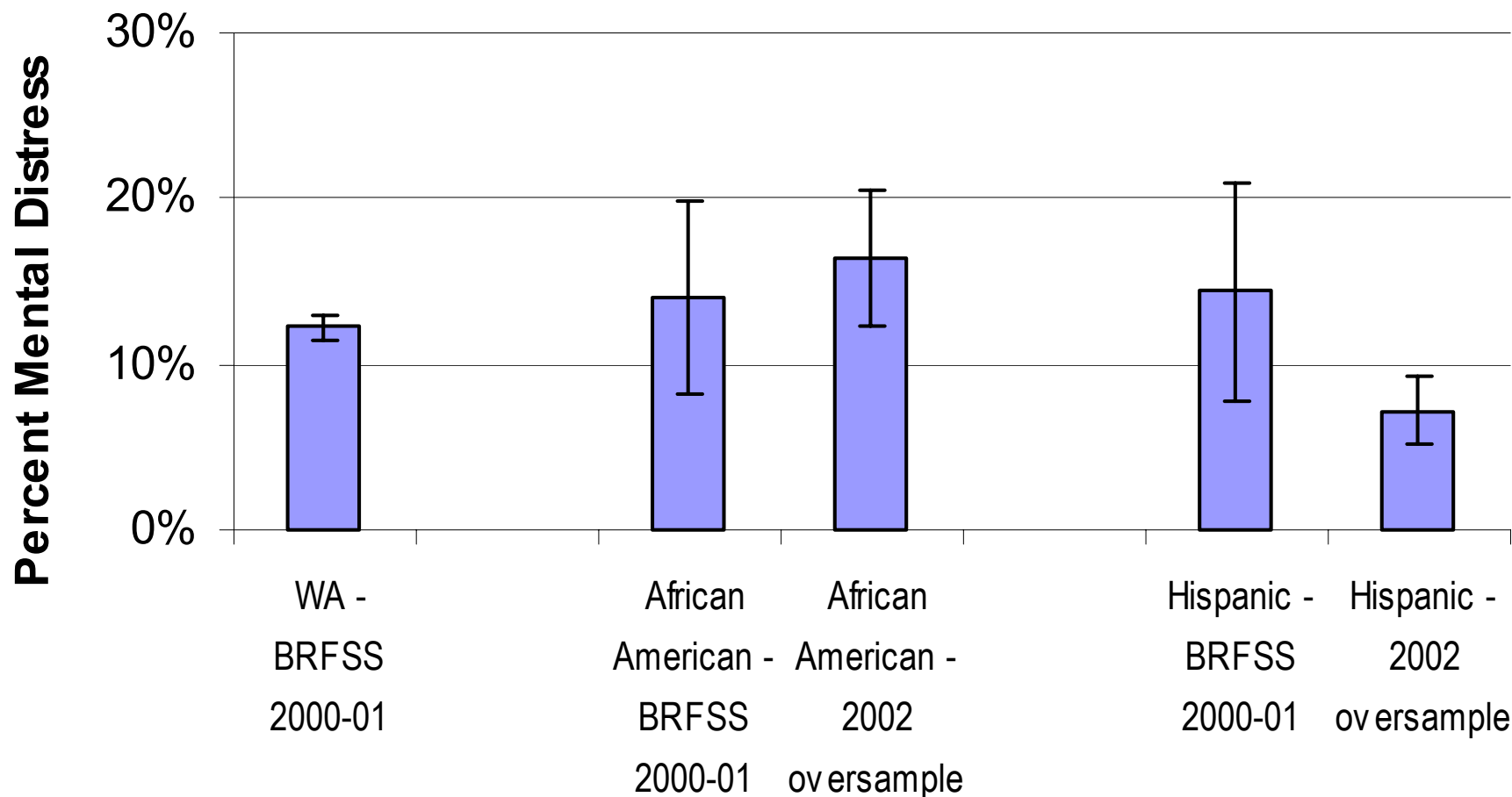
Obesity

Exceeding BMI = 30



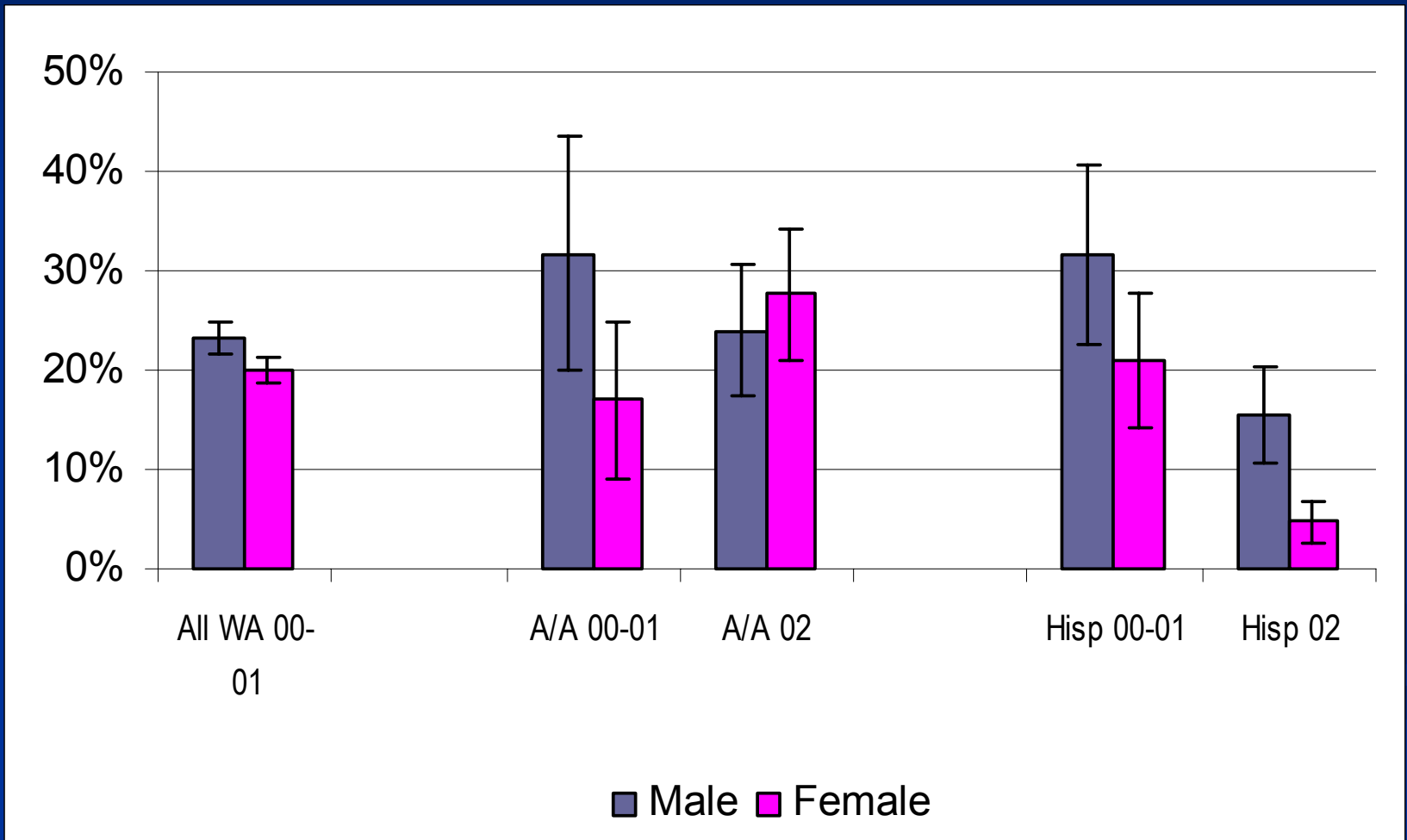
Mental Health

Reporting 10+ days of poor mental health in past month



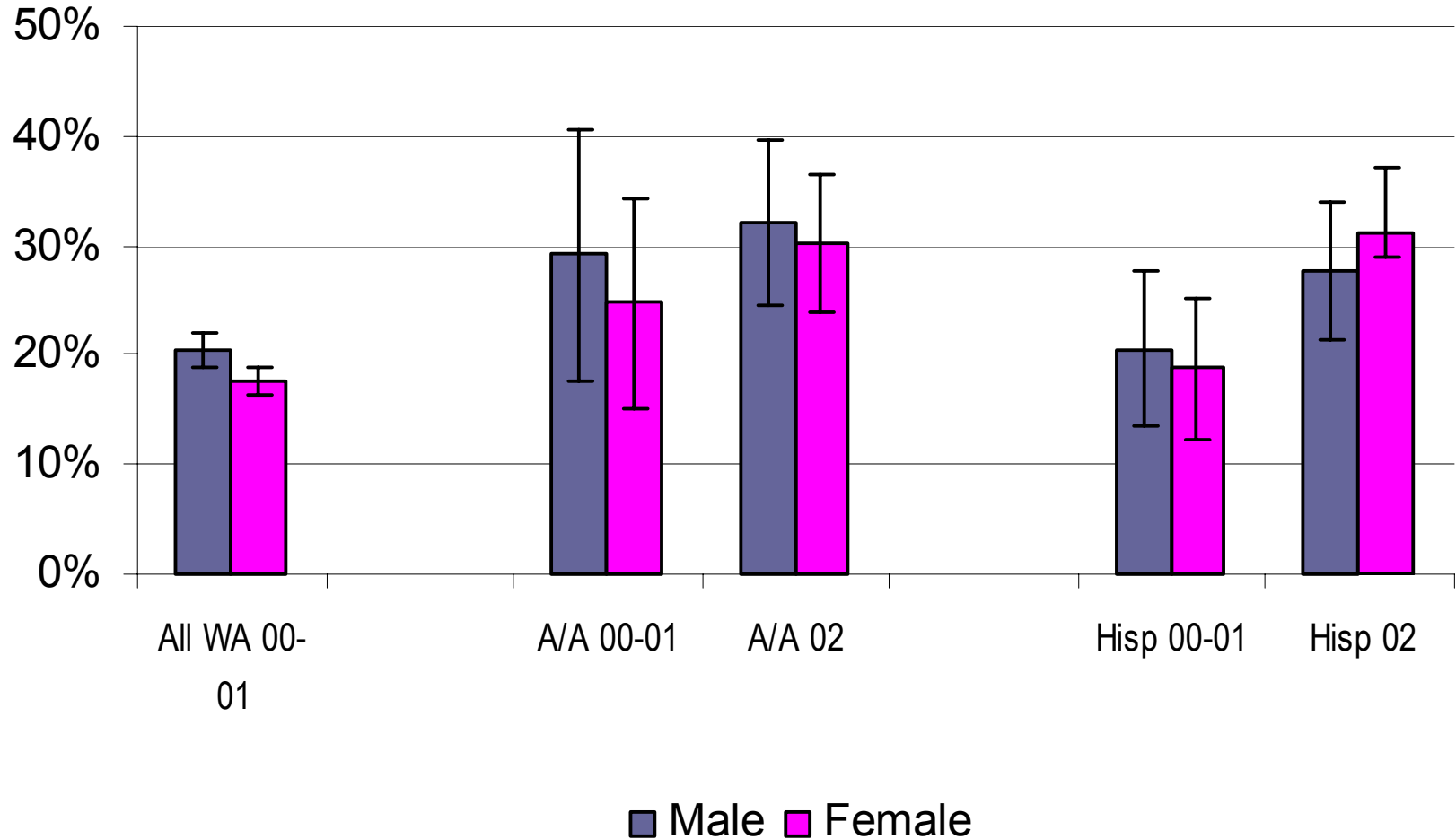
Differences by Gender

Smoking by Gender



Obesity by Gender

BMI > 30

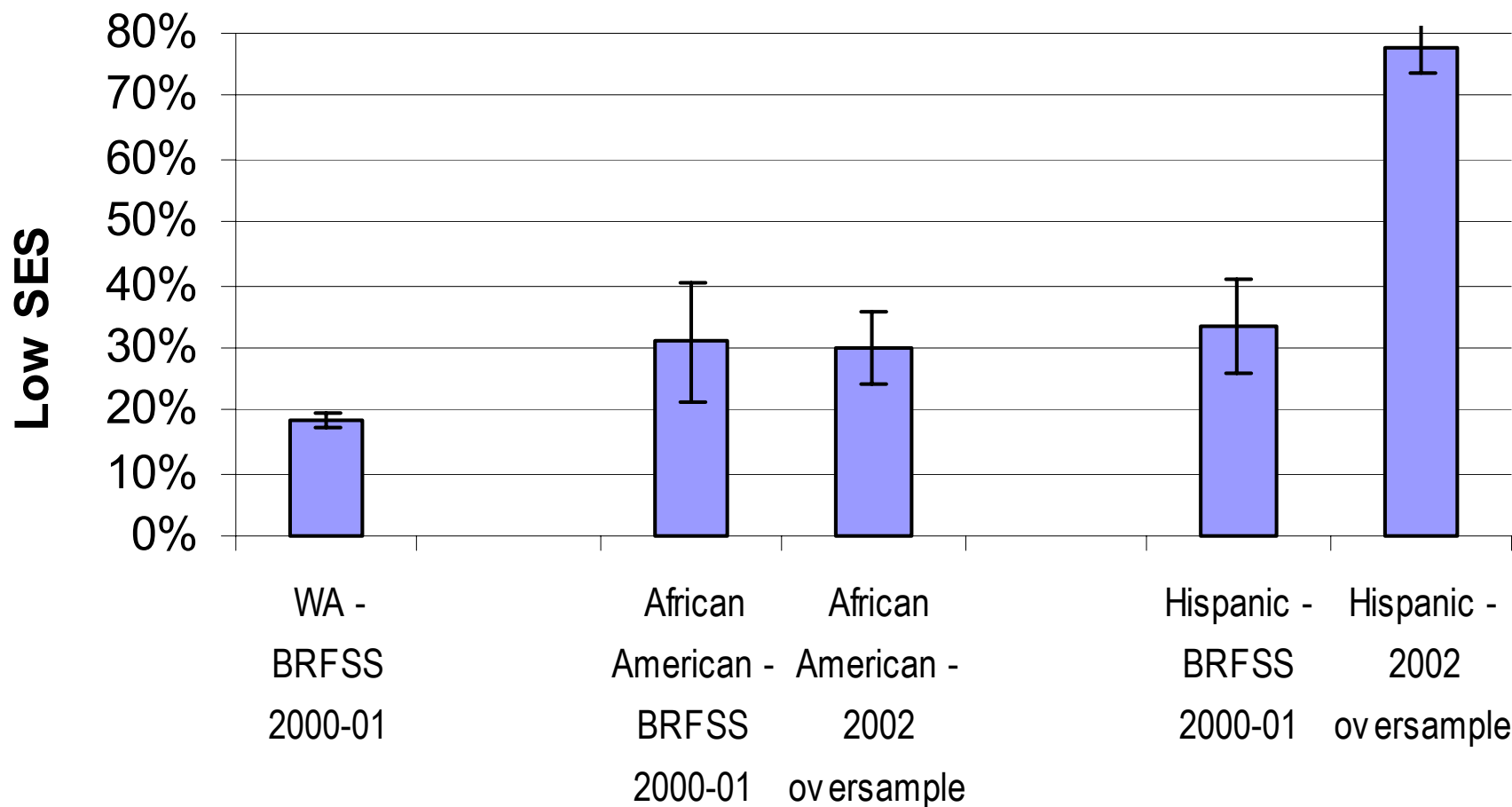


Interactions with Socioeconomic Status

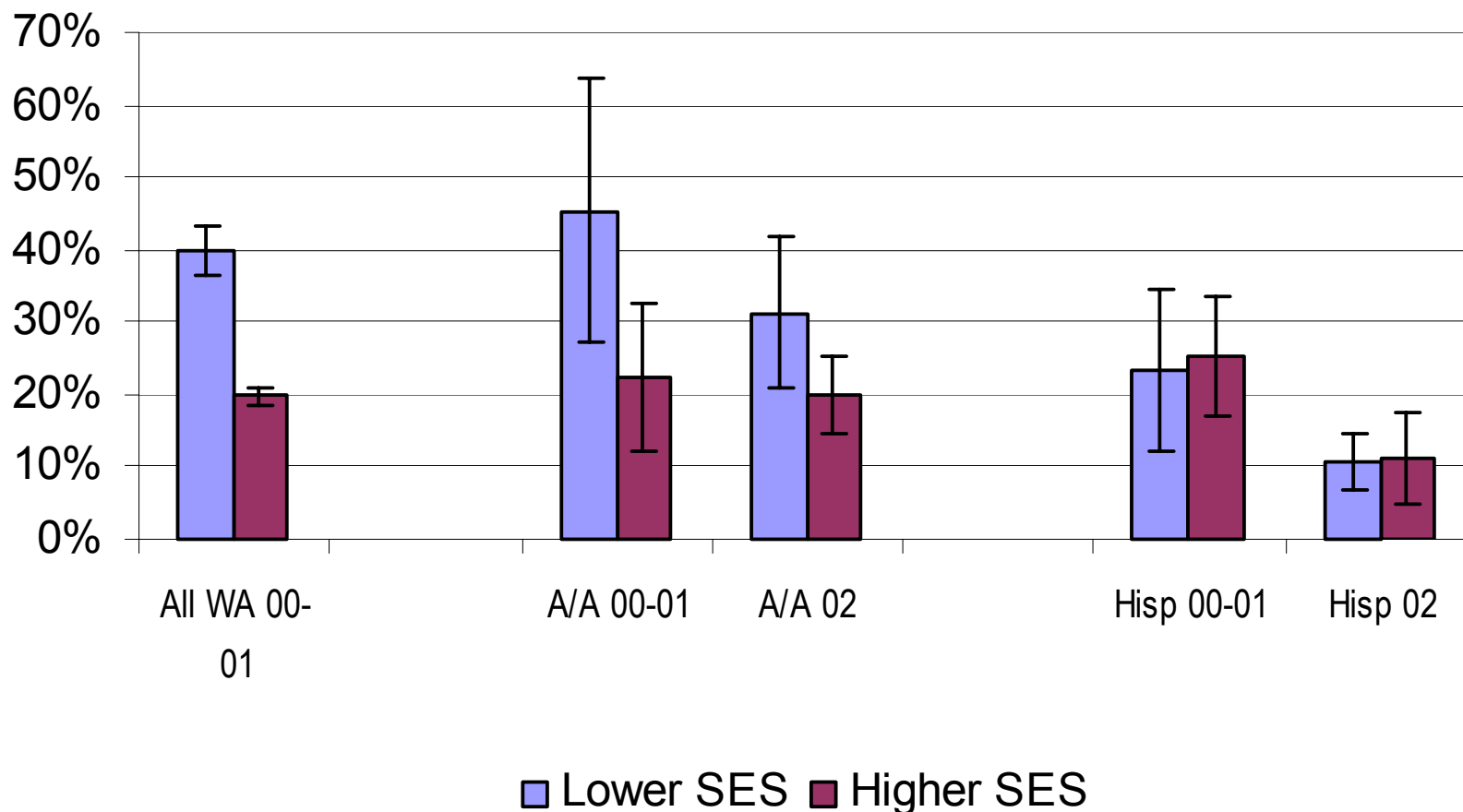
Socioeconomic Status

- Some have argued that “race” is a correlate or surrogate for socioeconomic status (SES) and has no additional analytic value
- Differential interactions between race and SES counters that assertion
- SES definitions
 - “lower SES” = less than HS education OR household income \leq \$25,000 (only for people ages 25-64)
 - “higher SES” = anything else (only for ages 25-64)

Socioeconomic Status



Tobacco Use and SES



Findings Summary

African Americans

- oversample provides more power to conduct sub-analyses
- demographics a little different from BRFSS (older)
- findings are very similar to BRFSS

Hispanics

- oversample provides more power for sub-analyses
- Demographics significantly different from BRFSS (lower income)
- differences in findings from BRFSS suggest that the enhanced methods have tapped into a different population group

Conclusions

- Is an oversample a good idea?
 - Yes
- Does it illuminate interesting differences among groups?
 - Oh, yeah – especially for Hispanics
- Was the translation of the survey worth it?
 - You bet - 57.9% of the Hispanic interviews were conducted in Spanish (at the preference of the subject, not just for need)

Future Directions

- Include oversamples for minority groups as part of 2003 BRFSS (?)
 - Hispanic
 - African American
 - Native American
 - Asian/Pacific Islander
- Continue to investigate health disparities
- Provide guidance for people who might be analyzing data longitudinally for Hispanics

Future Directions (cont.)

- Continue to collaborate with neighboring states (such as Oregon) to jointly identify patterns and successful practices for reaching populations of disparity
- Partner with community representatives to assure that translated surveys are culturally appropriate and capture the original intention of questions

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